



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MSM119025979 Vehicle Registration No: GBG 9160B  
Name (as shown in NRIC) : Shammugam Sivakumar NRIC/FIN/Passport No : 57363671Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 421 Bukit Batok West Ave 2 #10-169 Singapore (650421)  
Contact (Tel) : 68611866 Mobile No. : 90283961  
Email Address : huihan.chen@dundee.com.sg  
Date of Accident : 23/02/2019 Time of Accident : 22:40  
Place of Accident : Bukit Batok West Ave 2  
Insurance Company : Lompac Insurance Bhd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident date is 23/02/2019.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                        |
|----------------------------|------------------------|
| Date Of Report             | 25/02/2019 15:19       |
| Date Of Accident           | 23/02/2019 22:40       |
| Exact Location Of Accident | BUKIT BATOK WEST AVE 2 |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | GBG9160B                                    |
| <b>Insured/Policyholder</b> |   |
| Name Of Registered Owner    | DUNDEE MARINE & INDUSTRIAL SERVICES PTE LTD |
| Co Reg No                   | 198302111Z                                  |
| Email Address               | HUILIAN.CHEN@DUNDEE.COM.SG                  |
| Mobile Phone No             |   |
| Alternative Phone No        | OFFICE-68611866                             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 150-3.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE     |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES                |

If No, Please state action to be taken

|                  |                    |
|------------------|--------------------|
| Vehicle Category | COMMERCIAL VEHICLE |
|------------------|--------------------|

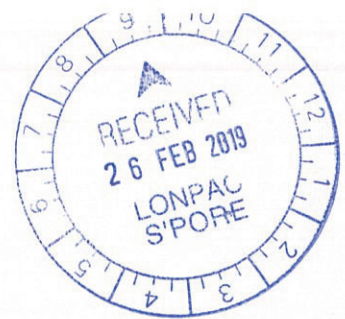
### Insurance Company

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage          | COMPREHENSIVE        |
| Fleet Policy              | NO                   |
| Policy Number             | Z18VC05001296        |
| Cover Note Number         |                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SHANMUGAM SIVAKUMAR   |
| NRIC No              | S7363671Z             |
| Date Of Birth        | 31/12/1973            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 03/09/2003            |
| Driving Experience   | 15 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90283961  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |





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| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
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| Co Reg No                   | 198302111Z                                  |
| Email Address               | HUILIAN.CHEN@DUNDEE.COM.SG                  |
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|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 150-3.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE     |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES                |

If No, Please state action to be taken

|                  |                    |
|------------------|--------------------|
| Vehicle Category | COMMERCIAL VEHICLE |
|------------------|--------------------|

### Insurance Company

|                           |                      |
|---------------------------|----------------------|
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| Type Of Coverage          | COMPREHENSIVE        |
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| Driving Experience   | 15 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90283961  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |



|   |  |
|---|--|
| Address   | BLK 421 BUKIT BATOK WEST AVE 2 #10-169 |
| Postcode  | 650421                                 |
| Was driver an employee of the Insured's Company     | YES                                    |
| If No, Relationship of the Driver with the Insured  |  |
| Vehicle Registration Number of Driver's Own Vehicle | -                                      |
|   | -                                      |
|   | -                                      |
| Insurance Company of Driver's Own Vehicle           | -                                      |
|   | -                                      |
|   | -                                      |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

I AM DRIVING ALONG BUKIT BATOK WEST AVE 2 . I FROM LANE 1 CHANGE TO LANE 2, SUDDENLY VEHICLE B (YP 602 H) STOP AND I COUDLN'T STOP IN TIME COLLIDED ONTO VEHICLE B(YP 602 H).

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | YP602H             |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               | CAR B              |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |